

Directive 351.01 Health Care Policy Addendum - Aids

**STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS**

Directive: 351.01

Subject: Health Care Policy Addendum - Aids

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Supersedes:

APA Rule Number:

Recommended for approval by:		Authorized By:	
Signature	Date	Signature	Date

1. Authority:

1.1.

2. Purpose:

2.1 To maintain the health and safety of staff and inmates by preventing the transmission of communicable diseases, while insuring the rights and entitlements of all staff and inmates by providing the following:

2.1.1 Standards for staff and offender education and training relative to AIDS prevention.

2.1.2 General and specific information relative to AIDS.

2.1.3 Guidelines for diagnosis, testing, and provision of health care services.

2.1.4 Procedures for identification, correctional management, and protection of offenders testing positive with AIDS.

2.1.5. Procedures and guidelines to insure the medical confidentiality and/ or disclosure of information relative to effected inmates.

3. Applicability/Accessibility

3.1.

4. Directive

4.1 General

4.1.1 Each Correctional Facility should have written procedures governing the management of suspected ARC and AIDS patients within the system. These procedures will be (developed and) approved by the responsible health authority. These procedures will be based on, and consistent with, the Governing Policy of the Central Office.

4.1.2 Diagnoses

The diagnosis of AIDS or ARC is established only by a licensed physician based on a medical history, current clinical evaluation of signs and symptoms, the results of in-depth laboratory studies and a consideration of the individual's risk group. Because of the depressed immune system, diseases and infections normally handled by a responsive system occur, including rare tumors, pneumonias and other infections. The diagnosis of AIDS requires the documented presence of an opportunistic infection.

4.1.3 Testing

4.1.3.1 Specific tests are used to detect the presence of the antibody to the human T-cell lymphotropic virus. This virus has been determined to be the causative agent of AIDS disease. The screening test (ELISA) for HIV should be viewed with great caution. This test was developed for the sole purpose of screening to protect the transfusion blood supply. Its diagnostic utility is extremely limited. A positive test result only means that the patient has been- infected with HIV. Some "positive" results may be false positives and false negatives have also occurred. It does not necessarily mean the patient has or will develop AIDS.

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4.1.3.2 It is customary medical practice to follow a two step process when testing for this antibody. The initial screening tool is the ELISA (enzyme-linked immunosolvent) test which registers a significant false positive rate (i.e., many subjects who test positive do not actually have the antibody). If retesting again yields positive results on the ELISA, the next step is the Western Blot (indirect fluorescent) test. This eliminates most of the false positives.

4.1.3.3 The use of HIV antibody tests for general screening purposes is discouraged. Testing may be conducted under the following circumstances:

4.1.3.3.1 In cases where an offender demonstrates clinical indications of the virus, testing may be performed at the request of the contract physician in consultation with medical staff, with the informed consent of the offender. Test results shall be made known to the medical staff and offender. Such information shall be accompanied by appropriate counseling and education.

4.1.3.4 In specific cases where requested by a facility physician, testing may be considered for offenders belonging to high risk populations, where specific follow-up medical services are contemplated. In such cases, disclosure will occur as above.

4.1.3.5 Finally, in coordination with the Department of Health, the Department of Corrections has arranged for inmates to access the alternative test site program. This is an educational, counseling, and testing program available to the general public in which test results are known to only the participant. Inmates requesting to participate in this program should be referred to the facility medical staff.

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4.1.4 Treatment

4.1.4.1 All decisions concerning the care and treatment of AIDS/ARC cases shall be the sole purview of the attending physician, consistent with best medical practices. Where special housing or residential care is required, coordination shall be maintained between the attending physician, the superintendent, and the chief of clinical services.

4.1.5 Identification and Evaluation

4.1.5.1 New Offenders - All newly admitted offenders will be evaluated consistent with Health Care Policy 481, on the Screening of New Admissions, to identify suspected HIV infection. Specific procedures will be developed by the responsible health authority to accomplish this function. The procedure should include but not be limited to the following.

4.1.5.1.1 History - Specific standardized questions will be asked to obtain history of fever, thrush, night sweats, weight loss, diarrhea, and recent onset of non-productive cough. A standardized questionnaire will be attached to the physical assessment/examination form and will be administered by the health care provider when indicated (Attachment 1). Factors indicating high risk should be documented whenever possible.

4.1.5.1.2 Physical Examination - Protocols will be amended to obtain a more careful oral/pharyngeal exam, lymph node search, and anal examination, when indicated. Items to be noted are listed in Attachment 2.

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4.1.5.1.3 Laboratory - In addition to current laboratory testing, an HIV will be done if clinically indicated.

4.1.5.2 Offenders in the System - Offenders already within the system will most likely come to the attention of the medical units through "sick call." Offenders complaining of any symptom suggestive of AIDS or any symptom indicative of one of the opportunistic conditions should be evaluated as soon as possible.

4.1.6 Education of Staff and Offenders

4.1.6.1 Offenders

4.1.6.1.1 The Department of Corrections and the Department of Health will develop a comprehensive educational presentation on AIDS. This shall be offered at all facilities on a regular basis. This presentation shall address the following issues:

4.1.6.1.1.1 Define AIDS

4.1.6.1.1.2 Define the High Risk Group

4.1.6.1.1.3 Indicate the usual diseases affecting AIDS patients

4.1.6.1.1.4 Describe the seriousness of the illness

4.1.6.1.1.5 Describe the usual symptoms of AIDS

4.1.6.1.1.6 Describe the HIV antibody test and list its limitations

4.1.6.1.1.7 List the prevention measures available to reduce the risk of getting AIDS

4.1.6.2 Staff

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4.1.6.2.1 The Department of Corrections will develop an education session on AIDS to be included in the curriculum for the Correctional Officers Basic Training. In-service sessions will be Department of Health individual counseling conducted at each facility for all employees.

4.1.6.3 Additional Information

4.1.6.3.1 The Public Health Service has established a toll-free AIDS hotline which provides a recorded message on AIDS and any recent developments of major importance. The number is: 800-342-AIDS. The Vermont Department of Health has a toll-free AIDS hotline: 1-800-882-AIDS.

4.1.6.3.2 To order publications or ask specific questions, you may also write to AIDS Information, Room 725-H, 200 Independence Avenue, S.W., Washington, DC 20201, or the Vermont Department of Health, 60 Main Street, Box 70, Burlington, VT 05402.

4.2 DISCLOSURE

4.2.1 Consistent with Policy 266 (Confidentiality of Offender Information) disclosure of medical information relative to any offender's HIV infection shall be limited to those with a demonstrated "need to know" for purposes of providing appropriate services and assuring the health and safety of staff and inmates. Specifically, this shall include the following:

4.2.1.1 Affected Inmate - Where test results indicate the presence of the HIV antibody, departmental medical staff, in conjunction with the Department of Health, Epidemiology Division, shall inform the offender of his test results and insure that all necessary and appropriate counseling, education, and support is provided.

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- 4.2.1.2** Medical Staff - All medical personnel shall be advised of the health status of any antibody-positive inmate of whom the Department is aware to insure the following:
- 4.2.1.2.1** Provision of necessary and appropriate health care services, consistent with recognized best medical practices, and
- 4.2.1.2.2** Necessary precautions are exercised to minimize the risk of accidental infection (see procedural attachment 3).
- 4.2.1.3** Correctional Staff - In all instances of positive antibody testing, the Superintendent and Chief of Clinical Services shall be informed. Absent any high risk behaviors on the part of the antibody-positive inmate, other (non-medical) correctional staff shall not be notified. If, however, the Superintendent has reason to believe any of the following criteria are met, he may disclose to specific staff members on a "need to know" basis:
- 4.2.1.3.1** There is reason to believe the offender is prone toward aggressive or violent behavior toward staff, or
- 4.2.1.3.2** There are specific medical considerations which might place the staff at unnecessary risk.
- 4.2.1.4** Department of Health - In those cases, where positive HIV antibody test results are known to medical staff, the Department of Health shall be notified for purposes of providing inmate support, referral, and counseling.
- 4.2.1.5** It is imperative that all departmental employees be aware of restrictions against disclosure of any confidential medical information to unauthorized parties, including the media, the

public, or other staff members. Policy 266 - Confidentiality of Offender Information - defines parameters in this regard.

4.3 HOUSING

4.3.1 There are three recognized degrees of AIDS-related involvement. Depending on the relative severity of an affected inmate's condition, various housing alternatives should be considered.

4.3.1.1 Antibody-positive, asymptomatic - No special housing arrangements are necessary for this population, assuming the inmate's behavior poses no risk of transmission.

4.3.1.2 AIDS-Related Complex (ARC) - The medical needs of inmates with symptomatic conditions (e.g., persistent sweating, fever, coughing, etc.) may require special rooming considerations, e.g., single celling. The degree of medical difficulty experienced by these offenders should dictate housing requirements.

4.3.1.3 AIDS - Inmates with fully developed symptoms and the presence of an opportunistic infection will, in most cases, require special placement or hospitalization.

4.3.2 Use of Administrative Segregation - In those cases where antibody-positive offenders are engaged in, or suspected of being engaged in behaviors that place staff or other inmates at risk of contracting the AIDS virus, administrative segregation should be utilized, consistent with Policy number 1015. Criteria to be considered in this regard include, but may not be limited to, the following:

4.3.2.1 There is reason to suspect that the inmate is engaging in sexual activity within the institution, or

4.3.2.2 There is a history of predatory sexual activity, or

4.3.2.3 There is reason to suspect that the inmate is, or will be, behaving violently. Under such conditions, an inmate is usually subject to

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administrative or punitive segregation, regardless of medical status.

4.3.3 Over-ride to close custody or a behavioral adjustment program should be considered in appropriate cases in lieu of administrative segregation.

4.3.3.1 **ATTACHMENTS**

4.3.3.1.1 Attachment 1 - AIDS Related Syndrome Questionnaire.

4.3.3.1.2 Attachment 2 - Supplemental AIDS Examination.

4.3.3.1.3 Attachment 3 - Information Regarding AIDS

5. Training Method

5.1.

6. Quality Assurance Processes

6.1.

7. Financial Impact:

8. References

9. Responsible Director and Draft Participants